

<b>Case Number:</b>	CM14-0181592		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	09/10/1998
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractic (DC), has a subspecialty in Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 67-year old with a date of injury of 9/10/1998. According to the most recent progress report the patient complained of constant severe right lower back pain, which was rated at 10/10 with slight upper and mid back pain. The neck pain was rated at 3/10. The patient stated that after treatment the patient was able to move easier with less lower back pain. Significant objective findings include decrease range of motion in the cervical and lumbar spine, muscle spasms over the right quadratus lumborum, and tenderness over the right L5-S1, T4-T5, and C5-C6 levels.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **2 chiropractic manipulation with physiotherapy visits to address flare: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine Page(s): 58-60, 9. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** The California Chronic Pain Medical Treatment guideline recommends manipulation for chronic low back pain. It recommends an initial trial of 6 visits over 2 weeks

and up to 18 visits over 1-2 months with documentation of objective functional improvement. Records indicated that the patient had chiropractic care in the past but the number of visits to date and the outcome of such visits were not documented. The guideline recommends up to 18 visits with documentation of functional improvement. According to the progress report dated 10/02/2014, the provider stated that the patient was able to move easier with less lower back pain and that the patient's Oswestry lower back score was 72% before treatment. There was no documentation of the Oswestry score after the treatment to compare the efficacy of the chiropractic treatment. There was no documentation of functional improvement from prior chiropractic care. Therefore, the provider's request for 2 chiropractic sessions is not medically necessary at this time.